


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 448095

1. Entity Name
COMMODITY SYSTEMS, INC.



Principal Place of Business Mailing Address

200 W PALMETTO PK RD STE 200 200 W PALMETTO PK RD STE 200
 BOCA RATON, FL 33432 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1524976 Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PELLETIER, ROBERT C STE 200
 200 W PALMETTO PK RD
 BOCA RATON, FL 33432

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FERAN, MICHAEL T
STREET ADDRESS	1221 SW 19 AVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	PD
NAME	PELLETIER, ROBERT C
STREET ADDRESS	7074 NW 63RD WAY
CITY-ST-ZIP	PARK BEND, FL 33067
TITLE	TSD
NAME	SULLIVAN, FRAN
STREET ADDRESS	521 N. RIVERSIDE DR
CITY-ST-ZIP	POMPANO BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/06-80020-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRAN SULLIVAN FRAN SULLIVAN 4/03/2006 561-392-8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #